



## BURNS – ADULT 15 Years of Age and Older

Burn patient requires effective communication and rapid transportation to the closest receiving hospital.

In Inyo and Mono Counties, the assigned base station should be contacted for determination of appropriate destination.

### FIELD ASSESSMENT/TREATMENT INDICATORS

Burn Criteria and Destination Policy #8030

### ADULT TREATMENT PROTOCOL: BURNS

Base Station Contact Shaded in Gray

BLS INTERVENTIONS	ALS INTERVENTIONS
<ul style="list-style-type: none"> <li>• Break contact with causative agent (stop the burning process)</li> <li>• Remove clothing and jewelry quickly, if indicated</li> <li>• Keep patient warm</li> <li>• Estimate % TBSA burned and depth using the “Rule of Nines” <ul style="list-style-type: none"> <li>◦ An individual’s palm represents 1% of TBSA and can be used to estimate scattered, irregular burns</li> </ul> </li> <li>• Transport to ALS intercept or to the closest receiving hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced airway as indicated</li> </ul> <p><b>Airway Stabilization:</b> Burn patients with respiratory compromise or potential for such, will be transported to the closest receiving hospital for airway stabilization</p> <ul style="list-style-type: none"> <li>• Monitor ECG</li> <li>• IV/IO Access: Warm IV fluids when avail</li> </ul> <p><i>Unstable:</i> BP&lt;90mmHG and/or signs of inadequate tissue perfusion, start 2<sup>nd</sup> IV access.</p> <ul style="list-style-type: none"> <li>◦ IV NS 250ml boluses, may repeat to a maximum of 1000ml.</li> </ul> <p><i>Stable:</i> BP&gt;90mmHG and/or signs of adequate tissue perfusion.</p> <ul style="list-style-type: none"> <li>◦ IV NS 500ml/hour</li> </ul> <ul style="list-style-type: none"> <li>• Treat pain as indicated</li> </ul> <p><b>IV Pain Relief:</b> Morphine Sulfate 5mg IV slowly and may repeat every 5 minutes to a maximum of 20mg when the patient maintains a BP&gt;90mmHG and signs of adequate tissue perfusion. Document BP’s every 5 minutes while medicating for pain and reassess the patient.</p>

**BLS Continued****MANAGE SPECIAL CONSIDERATIONS:**

**Thermal Burns:** Stop the burning process. Do not break blisters. Cover the affected body surface with dry, sterile dressing or sheet.

**Chemical Burns:** Brush off dry powder, if present. Remove any contaminated or wet clothing. Irrigate with copious amounts of saline or water.

**Tar Burns:** Cool with water, do not remove tar.

**Electrical Burns:** Remove from electrical source (without endangering self) with a nonconductive material. Cover the affected body surface with dry, sterile dressing or sheet.

**Eye Involvement:** Continuous flushing with NS during transport. Allow patient to remove contact lenses if possible.

**ALS Continued**

**IM Pain Relief:** Morphine Sulfate 10mg IM. Document vital signs and reassess the patient.

- Transport to appropriate facility:  
*CTP with associated burns:* transport to the closest trauma hospital.
- Burn patients with associated trauma, should be transported to the closest Trauma Center. Trauma base station contacted shall be made.
- Insert nasogastric/orogastric tube as indicated
- Refer to Burn Classification table.

**MANAGE SPECIAL CONSIDERATIONS:**

**Electrical Burns:** Monitor for dysrhythmias, treat according to ICEMA protocols.

- Electrical injuries that result in cardiac arrest shall be treated as medical arrests.

**Respiratory Distress:** Intubate patient if facial/oral swelling are present or if respiratory depression or distress develops due to inhalation injury.

- Nebulized Albuterol 2.5mg with Atrovent 0.5mg, may repeat two (2) times.
- Administer humidified O<sub>2</sub>, if available
- Consider capnography, if available.

**ALS Continued**

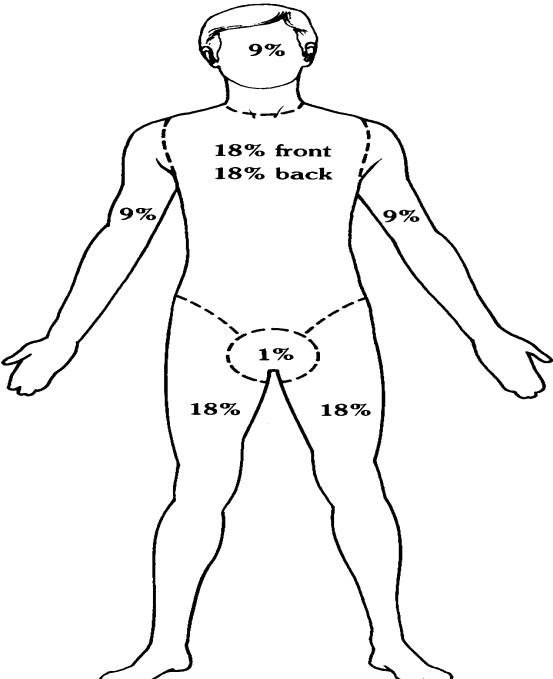
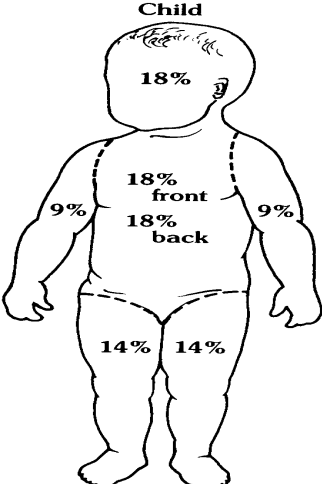
- medications;
- fluid boluses
- CPAP

**Determination of Death on Scene:** Refer to Protocol # 12010 Determination of Death on Scene.

**REFERENCE PROTOCOLS**

<b><u>Protocol Number</u></b>	<b><u>Protocol Name</u></b>
9010	General Patient Care Guidelines
10150	External Jugular Vein Access
10030/10040	Oral Endotracheal Intubation
10080	Insertion of Nasogastric/Orogastric Tube
10060	Needle Thoracostomy
10140	Intraosseous Infusion IO
10050	Nasotracheal Intubation
10070	Needle Cricothyrotomy
10160	Axial Spinal Stabilization
10010/10020	King Airway Device
11070	Adult Cardiac Arrest
15030	Trauma Triage Criteria and Destination Policy
12010	Determination of Death on Scene

**BURN CLASSIFICATIONS**

<b>ADULT BURN CLASSIFICATION CHART</b>	<b>DESTINATION</b>	
<b><u>MINOR</u> – ADULT</b> <ul style="list-style-type: none"> <li>• &lt; 10% TBSA</li> <li>• &lt; 2% Full Thickness</li> </ul>	<b>CLOSEST MOST APPROPRIATE RECEIVING HOSPITAL</b>	
<b><u>MODERATE</u> – ADULT</b> <ul style="list-style-type: none"> <li>• 10 - 20% TBSA</li> <li>• 2 - 5% Full Thickness</li> <li>• High Voltage Injury</li> <li>• Suspected Inhalation Injury</li> <li>• Circumferential Burn</li> <li>• Medical problem predisposing to infection (e.g., diabetes mellitus, sickle cell disease)</li> </ul>	<b>CLOSEST MOST APPROPRIATE RECEIVING HOSPITAL</b>	
<b><u>MAJOR</u> – ADULT</b> <ul style="list-style-type: none"> <li>• &gt;20% TBSA burn in adults</li> <li>• &gt; 5% Full Thickness</li> <li>• High Voltage Burn</li> <li>• Known Inhalation Injury</li> <li>• Any significant burn to face, eyes, ears, genitalia, or joints</li> </ul>	<b>CLOSEST MOST APPROPRIATE BURN CENTER</b>  In San Bernardino County, contact: Arrowhead Regional Medical Center (ARMC)	
<p><b>“Rule of Nines”</b></p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p><b>Adult</b></p>  </div> <div style="text-align: center;"> <p><b>Child</b></p>  </div> </div>		